

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKJosé Ramirez 08A2905RECEIVED
SDNY DOCKET UNIT2017 MAY 19 PM 3:27
COMPLAINT

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

17CV3825

Anthony J. Annuci, Commissioner
of the Department of Correction and
Community Supervision, New York State,
Frederick Burstein, Medical Director
Thomas Griffin Superintendant
Sgt. Durlam
C.O. Wickham
C.O. Fox
Greenhaven Correctional Facility

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

José Ramirez

ID #

08A2905

Current Institution

Five Points Correctional Facility

Address

State Route 96, P.O. Box 119Bomulus, New York, 14541

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Anthony J. Amucci, Commissioner Shield # _____
Where Currently Employed of The Department of Correction and
Address Community Supervision 1220 Washington Ave
Bldg #2 Albany New York, 12226

Defendant No. 2 Name Thomas Griffin Superintendent Shield # _____
Where Currently Employed of Green Haven Correctional Facility
Address P.O. Box 4000
Stormville New York 12582-4000

Defendant No. 3 Name Dr. Frederick Burstein Medical Shield # _____
Where Currently Employed Director of Green Haven Correctional
Address Facility, P.O. Box 4000
Stormville New York 12582-4000

Defendant No. 4 Name Sgt. Durlam Shield # _____
Where Currently Employed Green Haven Correctional
Address Facility
P.O. Box 4000, Stormville New York 12582-4000

Defendant No. 5 Name Co. Wickham, Green Haven Shield # _____
Where Currently Employed Correctional Facility
Address P.O. Box 4000, Stormville New York 12582-4000

II. Statement of Claim:

Check Next
Page →

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? At Green Haven
Correctional Facility

B. Where in the institution did the events giving rise to your claim(s) occur? in front of E-Block
Area At Green Haven C.F.

C. What date and approximate time did the events giving rise to your claim(s) occur? on: August 6-2015. At approximately 5:00 PM at dinner time. on the 3-toil-eepm
Shift: 8-6-2015.

My name is Jose Ramirez currently incarcerated at Five Points Correctional Facility under Department Identification Number 08A2905 and this is a sworn affidavit and brief on what happened to me in which I'm confined to a wheel chair, while at Green Haven Correctional Facility. I was told that I needed a lower back surgery I was sent to Putnam Hospital Center to be interviewed by a neural surgeon, by the name of Charles P. Garell, M.D., he stated that I needed to get a surgical procedure on my Lumbar Spine. I went to have the surgery 6/23/11, after surgery Doctor Garell came into my room and stated I need bloodwork done, cause during surgery something happened and blood splattered on one of his assistants. After that I was returned to Green Haven Correctional Facility in which I started experiencing severe pain which I wasn't able to walk or use a walker, I also had problems breathing, I was told that it was caused by the anesthesia and told to put in for sickcall, I put in for sick-call time after time using the proper sick-call procedure, and was told that they put me in to see a provider, the provider stated that there wasn't anything wrong with me and continued to send me to Mental Health. Mental Health sent me back to the provider then one day Mental Health schedule me to be seen by a psychiatric provider by the name of Aruna Khilani from the Bronx Psychiatric Center, she requested that Medical and Mental Health send me to get an M.R.I., The M.R.I. revealed that I needed to have another surgery to extract a bone fragment that was left inside of me from the first surgery. I then filed a grievance asking for another specialist, the grievance was not answered and I was left with severe pain for 8 months, then Mental Health called me back down to see the same Mental Health provider Aruna Khilanai, she stated to me that she was concerned that I was still suffering from severe pain, and asked me what was going on, I told her that I filed a grievance telling that I was requesting to see another Specialist/Surgeon, she stated that if I was to go back to have surgery at Putnam Hospital Center that she would request for a Doctor by the name of Chitkara Neeta, to be there with me and monitor the surgery to make sure everything went smoothly, On 1/12/12 I went back to have surgery and after the surgery Doctor Chitkara Neeta came into my room with another provider: Assistant Diana Basini A.H.P.,

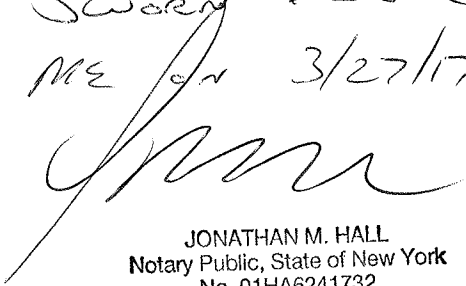
and told me there was an incident that happened during the surgery and I was strapped down to the bed and told not to move. They asked me how I felt? I told them I was not feeling well and my lower back was severely swollen and red. They asked me if Surgeon Garell came in to see me. I told them yes, he stated that, "He was discharging me." They both looked at the Corrections Officer that was guarding me who then stated, "That he is being discharged." So both doctors that were there at that time asked to reexamine me. The doctors then readjusted the bed and after reexamining me stated that, "You are not going anywhere." Then the doctors walked out of the room and requested that I be put antibiotics by IV. I was then hospitalized for about four days. After being hospitalized I was then sent back to Green Haven Correctional Facility, still suffering from severe pain. More pain than before I went to the hospital. I requested physical therapy as well as to be placed in the unit for the physically disabled. While suffering from pain I continued to request sick call using the proper procedure. I finally saw the nurse and was told that the provider no longer worked at this facility. Several months passed by with them continuing to state that I will have a new provider soon. After being told this a few weeks went by then I was sent to emergency sick call with a severe infection to my chest, lungs, bladder and sinus. The nurse asked me who my provider was? I replied that my provider was no longer here at this facility and that the new provider has not started yet. I stated that the new providers name was Pagan, and apparently he was working at the facility at that time. Provider Pagan seen me that day, who then immediately put me on medication for the infection as well increased my pain medication and to be put in the unit for the physically disabled. The Medical Director Burnstein continued to deny me placement into the U.P.D. Unit. I was continued to be pushed through cracks of the system. I was repeatedly physically abused by officers and on August 6th, 2015 I was assaulted C.O. Wickham, C.O. Fox, and Sgt Durlam. C.O. Fox then tripped my wheelchair over and started to kick and punch me, C.O. Wickham and Sgt Durlam kicked and punched me as well. They all fabricated a false disciplinary report. I have photo's that were taken of me by security at Green Haven. Now I was found guilty and sent to the SHU at Five Points Correctional Facility at which time I complained about my condition upon arriving at the facility(five points)

I complained about my injuries , severe pain and all they stated at medical is they do not have sufficient staff for me to be patient, finally i was put in by a provider to take different test and was discovered that i had further injuries to the upper part of my body aswell as my lower, I continue to in misery and in need of coninous treatment and care by specialist and I suffer from more pain that I suffer ever in my life and further disabilities that deprive me of stating or finishing any physical task that i might want to do or particpate in my everyday living as well me not able to be in school due to not being able to sit for a long period of time, i am still confined to a wheelchair and not live like I did once before , this is totally inhumane and because of my learning disability am unable to comprehend things and information that may seem normal for people, but seems advance and becouse of this I am requesting that a counsel be appointed to me on my behalf and and this was the institution main reason for letting slip through the crack of the system, a formal letter would be notarized and foward with this package - requesting an attorney through the courts and copies of my education background and scores would be forworded.

Jose Ramirez
0842905
Five Points
Correctional Facility
State Route 96.
P.O Box 119
Romulus, New York
14541.



Sworn Before
ME on 3/27/17



JONATHAN M. HALL
Notary Public, State of New York
No. 01HA6241732
Qualified in Monroe County
Commission Expires May 23, 2019

D. Facts: Brief explaining the incident attached to this application, Due to explain in specifics and facts that required 3 pages labeled exhibit "D" on brief.

What happened to you?

Who did this to you?

Was anyone else involved?

Is there anything else you want to say?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Lower Back Lumbar herniated disc, C-spine herniated disc, hands not able to hold or lift due to injuries, nerve damage and stenosis. Also left leg and Right Leg severe weakness and unable to walk or sit and confined to wheelchair.
4 Treatments For C-SPINE P.T. 15 minutes each over A 6 month SPAN.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.



A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes X No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes X No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know X

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes X No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes X No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

At Green Haven Correctional and at Five Points Correctional

1. Which claim(s) in this complaint did you grieve? All of this that is on

This complaint

2. What was the result, if any? Negative

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. All of them in Department

of Correction.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

~~Note:~~ You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Due to permanent pain and suffering and permanent disability, I'm asking for 8.5 million dollars

I. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of MARCH, 2017

Signature of Plaintiff

Inmate Number

Institution Address

[Signature]
Jose Ramirez 0842905
Five Points Correctional Facility
State Route 96, P.O. Box 119
Romulus, New York 14541

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 27 day of March, 2017, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]

Sven Bruce ME

on 3/27/17

[Signature]

JONATHAN M. HALL
Notary Public, State of New York
No. 01HA6241732
Qualified in Monroe County
Commission Expires May 23, 2019

AFFIRMATION OF SERVICE
BY U.S MAIL

Title 28 U.S.C. §1746
CPLR §2106

-cv-

()

~~Plaintiff~~ Plaintiff

JOSE BARMIREZ 08A2905

Defendants/respondents.

X

State of New York)
County of Seneca) SS.:
Town of Romulus)

I, JOSE BARMIREZ 08A2905, being sworn under the penalty of perjury, pursuant to Title 28 U.S.C. §1746, CPLR §2106, and Fed.R.Civ.P. 43(b), state that on the 21 day of MARCH, 2017 that I mailed the below listed papers to the below listed parties via the U.S. Mail for service upon them via the U.S. Postal Service. A letter with my

PAPERS WERE: educational history document Test Results
Documents you are serving

PARTIES WERE: (Name and address to whom sent)

1.) Pro se office united states court 2.)

Southern District of New York

DANIEL Patrick Moynihan

3.) White States Courthouse 4.)

500 Pearl Street Room 230

New York, New York 10007

Dated: MARCH-27, 2017

Respectfully submitted

[Signature]
Signature

Address:

Five Points Correctional Facility
State Route 96, P.O. Box 119
Romulus, NY 14541


Sworn Before
ME on 3/27/17
[Signature]
JONATHAN M. HALL
Notary Public, State of New York
No. 01HA6241732
Qualified in Monroe County
Commission Expires May 23, 2019

AFFIDAVIT IN SUPPORT OF
APPLICATION FOR APPOINTMENT OF COUNSEL

AFFIDAVIT OF Support Jose Ramirez
IN 08A2905

State of New York)
)ss.:
County of Dutchess)

I, the above named affiant, being duly sworn according to law deposes and say that I am the Plaintiff in the above entitled proceeding; that I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to redress; and that the information I have submitted in support of my request is true and correct.

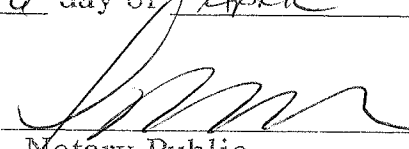
 08A2905
Sign Here Before Notary Public

Five Points Correctional Facility
Address

State Route 96, P.O. Box 119
Romulus N.Y. 14541

Sworn to and subscribed before me

this 16 day of April, 2007


Notary Public

JONATHAN M. HALL
Notary Public, State of New York
No. 01HA6241732
Qualified in Monroe County
Commission Expires May 23, 2019

The basis OF this Letter is to inform this court that I'm requesting For a Counsel to be appointed to me on my behalf, Due to my Educational disability, I Cannot read or write, And this Letter was written on my behalf, By another individual with this Letter is my 'Educational history which shows my literacy disability its a print out From the Department OF Correctional Services Education Department and this statement is true and I will be notarize by a notary person, And this statement will be attached to my Educational Background, Thank You For your understanding!!!...

additionally physical disability and mental disability is Preventing me from preparing Necessaly Motion

RespectFully

Jose Ramirez
OSA 2905

Sworn Before
Me for 3/27/17

JONATHAN M. HALL
Notary Public, State of New York
No. 01HA6241732
Qualified in Monroe County
Commission Expires May 23, 2019

11/03/15 TEST RESULTS AND EVALUATION (IB-4) - SCREEN 1 PAGE 03 OF 03
RAMIREZ, JOSE DATE RECEIVED 05/28/2008
DOB 08/24/1965 DIN 08A2905 NYSID 05259810L FBI 731270HA4
LAST GRADE - ATTENDED 10 COMPLETED 09 VER
ACADEMIC DEGREE: YEAR: VER:
LANG DOMINANCE: 002 ENGLISH ENGLISH ORAL PROFICIENCY: N BEST PLUS:
BETA SCORE: WAIS TOTAL: 081 WAIS VERBAL: 084 WAIS PERF: 081
WAIS-IV-FSIQ: KBIT-2: CTONI-2: WAIS-IV-PRI:

ACHIEVEMENT TEST

DATE OF TESTING (MO YR) - 01 15

<-----READING----->					<-----MATH----->						
TEST	LEV	LOC	VOC	COMP	TOT	TEST	LEV	LOC	COMP	C+P	TOT
E	TAB 9	E				E	TAB 9	E	03.4	00.0	01.9
S						S					

PRISON ENVIRONMENTAL PROFILE

FREE	SOC	SUP	SAFE	ACT	FEED	STRU	PRI
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INTERPRETATIONS

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*** PRESS PF7/PF8 TO SCROLL BACKWARD/FORWARD THRU TEST RESULTS ***

<ENTER> <PF3> EXIT (FUNCT) <PF7> PAGE BACKWARD <PF8> PAGE FORWARD <CLEAR> EXIT

11/03/15

TEST RESULTS AND EVALUATION (IB-4)

- SCREEN 1 PAGE 02 OF 03

RAMIREZ, JOSE

DATE RECEIVED 05/28/2008

DOB 08/24/1965

DIN 08A2905

NYSID 05259810L

FBI 731270HA4

LAST GRADE - ATTENDED 10 COMPLETED 09 VER

ACADEMIC DEGREE: YEAR: VER:

LANG DOMINANCE: 002 ENGLISH ENGLISH ORAL PROFICIENCY: N BEST PLUS:

BETA SCORE: WAIS TOTAL: 081 WAIS VERBAL: 084 WAIS PERF: 081

WAIS-IV-FSIQ: KBIT-2: CTONI-2: WAIS-IV-PRI:

ACHIEVEMENT TEST

DATE OF TESTING (MO YR) - 01 09

<-----READING----->					<-----MATH----->					
TEST	LEV	LOC	VOC	TOT	TEST	LEV	LOC	COMP	C+P	TOT
E TAB 10 M				05.1 05.1	E TAB 10 E			03.4	03.5	03.4
S					S					

PRISON ENVIRONMENTAL PROFILE

FREE	SOC	SUP	SAFE	ACT	FEED	STRU	PRI
INTERPRETATIONS							

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*** PRESS PF7/PF8 TO SCROLL BACKWARD/FORWARD THRU TEST RESULTS ***

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AFFIRMATION OF SERVICE
BY U.S. MAILTitle 28 U.S.C. §1746
CPLR §2106~~against~~ PlaintiffJosé Ramirez #08A2905

-cv- ()

Defendants/respondents.

X

State of New York)
County of Seneca) SS.:
Town of Romulus)

I, José Ramirez ID#08A2905, being sworn under the penalty of perjury, pursuant to Title 28 U.S.C. §1746, CPLR §2106, and Fed.R.Civ.P. 43(b), state that on the 27 day of MARCH, 2017, that I mailed the below listed papers to the below listed parties via the U.S. Mail for service upon them via the U.S. Postal Service.

PAPERS WERE: A CIVIL RIGHTS COMPLAINT action under 42 U.S.C. §1983
Documents you are serving

PARTIES WERE: (Name and address to whom sent)

1.) Pro se office united states District
court southern District of New York
DANIEL PATRICK MOYNIHAN3.) unite states courthouse
500 Pearl Street Room 130
New, York, New York 10007

4.)


Dated: MARCH 27, 2017

Respectfully submitted

Signature

Five Points correctional Facility
State Route 96. P.O. Box 119
Romulus, NY. 14541.

Address:

Sworn Before
ME on 3/27/17
JONATHAN M. HALL
Notary Public, State of New York
No. 01HA6241732
Qualified in Monroe County
Commission Expires May 23, 2019

AFFIRMATION OF SERVICE
BY U.S. MAILTitle 28 U.S.C. §1746
CPLR §2106~~against~~ PlaintiffJose Ramirez 08A2905

-cv- ()

Defendants/respondents.

X

State of New York)
County of Seneca) SS.:
Town of Romulus)

I, Jose Ramirez 08A2905, being sworn under the penalty of perjury, pursuant to Title 28 U.S.C. §1746, CPLR §2106, and Fed.R.Civ.P. 43(b), state that on the 27 day of MARCH, 2017 that I mailed the below listed papers to the below listed parties via the U.S. Mail for service upon them via the U.S. Postal Service.

PAPERS WERE: Copy of Certified mail Receipt
Documents you are serving

PARTIES WERE: (Name and address to whom sent)

1.) Pro se office United States
District Court Southern District
of New York. Daniel Patrick

2.)

3.) Moynihan United States
Courthouse 500 Pearl Street, #200
Room 230 New York, New York 10007

4.)

Dated: 28-March, 2017Sworn to before me this
28 day of March 2017 Address:Robert C Bannister

ROBERT C BANNISTER
Notary Public, State of New York
No. 01BA6339512
Qualified in Seneca County
Commission Expires April 04, 2020

Respectfully submitted

[Signature]
SignatureFive Points Correctional Facility
State Route 96. P.O. Box 119
Romulus, New York 14541

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

6906 965T 0000 0620 0701

Postage \$ 1.20
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 2.80
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.45

Postmark Here

Sent To
 Mr. Eric T. Scheiderman
 Street, Apt. No.,
 or PO Box No. N.Y.S. Attorney General
 City, State, ZIP+4
 The Capital Albany N.Y. 12224

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: Mr. Eric T. Scheiderman
 New York State Attorney
 General, The Capital
 Albany, N.Y. 12224

2. Article Number
 (Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

RECEIVED
 SEP 10 2015
 NYS DEPT OF LAW
 ADMINISTRATIVE SERVICES

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

7010 0290 0000 1516 3069

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
DISBURSEMENT OR REFUND REQUEST

NAME Eric T. Scheidman CELL LOCATION 5015

DATE 08/31/2015

CODE TYPE
[] []

INMATE NUMBER
08A2403

"SHORT NAME"
[] [] [] [] [] []

FIRST INITIAL
FIRST 3 OF LAST NAME

CHECK/ORDER NUMBER
[] [] [] [] [] [] [] [] [] []

RIGHT ADJUSTED WITH LEADING ZEROS

AMOUNT \$
[] [] [] [] [] [] [] [] [] []

COMMISSARY PRODUCT GROUP
[]

SENT TO CODE
(SEE TABLE B-6)
[]

ITEM DESCRIPTION

LAST NAME SCHEIDMAN FIRST NAME ERIC T. MI NY ST NY
ADDRESS 111 E. 12th Street APT. NO. 10304
CITY ALBANY STATE NY ZIP CODE 12204

SENT TO OR
PURCHASE FROM

I HEREBY ACKNOWLEDGE EXPENDITURE OF THE
AMOUNT TO BE DEDUCTED FROM MY INMATE
ACCOUNT.

APPROVED [Signature] LATE 08/31/15

APPROVED [Signature] DATE 08/31/15

FORM 2706 (7/11)

Original - Business Office Yellow - Approving Office Pink - Inmate

UNDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to: Mr. Eric T. Scheidman
111 E. 12th Street
Albany, NY 12204

COMPLETE THIS SECTION ON DELIVERY

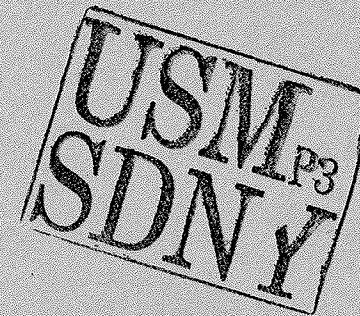
A. Signature [Signature] ☒ Agent ☐ Addressee
B. Received by (Printed Name) [Signature] C. Date of Delivery SEP 10 2015
D. Is delivery address different from item 1? ☐ Yes ☒ No

RECEIPT
USPS
Postmark Here
SEP 10 2015
See Reverse for Instructions

Five Points Correctional Facility
State Route 96, P.O. Box 119
Romulus, N.Y. 14541
Jose Ramirez
DIN# 08A2905
LOC: 9-C-1-24-B



RECEIVED
SDNY DOCKET UNIT
2017 MAY 19 PM 3:28



PRO SE OFFICE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
DANIEL PATRICK MOYNIHAN
UNITED STATES COURTHOUSE
500 PEARL STREET ROOM 230
NEW YORK, NEW YORK 10007

FIVE POINTS CORRECTIONAL
FACILITY
LEGAL MAIL ONLY

